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HEALTH REFORM AND DECENTRALIZATION PROJECT REDSALUD

Presented to:

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SO 10: Sustained Improvement in Health of Vulnerable Populations in the Dominican Republic

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Executive Summary

In July 2000, USAID signed a contract with Abt Associates Inc. to implement the Health Reform and Decentralization Project – REDSALUD, a five-year, bilateral program designed to support the health reform process in the Dominican Republic (DR). REDSALUD was designed to contribute to USAID's Strategic Objective 10 "sustainable health improvement of vulnerable populations in the Dominican Republic" (formerly known as SO2). Following a three-tiered strategy, REDSALUD implements three technical components, which operate in an integrated fashion. These technical components are (a) support to local health service delivery, (b) support to the central level of the Secretariat of Health and Social Assistance -- SESPAS, and (c) support to build and sustain a favorable policy environment for health reform. REDSALUD follows up on progress made by the Partnerships for Health Reform Project, which was implemented as USAID's first phase to support of health reform in the Dominican Republic.

During the first year, REDSALUD focused on start-up activities, such as formation and orientation of the technical team, fine-tuning the project's objectives and technical approach, and establishing working relationships with key institutions in the public health sector. SESPAS assigned Region V (eastern part of the country) and Region O (National District and Monte Plata) to REDSALUD as the territories in which to implement its projects.

In the second year, the project continued to support training activities, both within the country and abroad, in order to develop a "critical mass" of change agents to reinforce the reform process. These programs benefited approximately 2,000 professionals, technicians, and political and community leaders. Baseline data collection for monitoring and evaluation of the project was done through the use of various instruments measuring the level of managerial capacity, the degree of decentralization and user satisfaction. In order to obtain comprehensive baseline data, other sources of routine information from Region V were also utilized. Due to the complexity of the reform process, and the necessity to focus and optimize assistance efforts, the project decided to focus work on Region V, the only territory where project activities will take place.

During the second year, various instruments were used to disseminate project information, such as the project brochure, website and quarterly newsletters. The latter reach an audience of approximately 1,000 institutions and/or individuals, which include government agencies, non-government organizations, universities and others.

During this period, REDSALUD concentrated on implementation of the first three demonstration projects in Region V, which aimed at improving the management capacity of priority public health services, such as the Expanded Program of Immunizations (EPI) and the Acute Diarrheal Control and Prevention Program (ADD). Among the most important results has been the development of a "management culture" within the organizations involved in the demonstration projects. This culture manifests itself in the adoption of management systems and practices that have begun to produce concrete results, such as data collection and analysis that was not previously utilized in the decision-making process. Some of the data that has been collected and analyzed includes monthly yield of vaccines administered, vaccination coverage rate, number of errors found during supervision visits, and service utilization rates.

In addition, new information and referral systems have been established, which prevent “lost opportunities”. Supervision and control systems have also been developed to keep track of supplies. Pre and post-tests have demonstrated an average increase of 15% in knowledge following participation in training events. Another important aspect shared by the projects is an unprecedented level of community participation, which has come about as a result of intensive training and workplan development with community support groups. Each project contracted with NGOs for support in the implementation of this community participation component, which fosters the public-private relationship and enables the Provincial Health Directorate to apply newly acquired management skills. Furthermore, the EPI has improved immunization coverage rates for anti-tuberculosis (BCG) and measles (SAR) vaccines in La Romana by 12% and 17%, respectively, between 2001 and mid-year 2002. The Hepatitis B, DPT and HiB index for complete doses has also improved. A trend has been observed towards declining incidence of diarrhea in El Seibo. In addition, between 2001 and mid-year 2002, the coverage of certain vaccinations in Hato Mayor has improved, such as BCG by 20%, Hepatitis B by 20% and HiB by 30%. The index for recommended doses completed also improved for Hepatitis B, antipolio and DPT. These results, although preliminary, reflect the positive impact of the technical support and financing provided by REDSALUD/USAID in Region V.

In the final quarter, intensive work was done in identifying and selecting the second generation of demonstration projects that address strategies to develop patient-centered services. A regional level demonstration project was included to develop strategies aimed at building the foundation for initiating the new health and social security system, which is expected to be in effect in Region V by March 2003. Co-financing agreements will be signed with various hospitals and with the Regional Health Directorate in Region V in order to initiate the aforementioned projects.

During this period, continued support was given to SESPAS at the central level, in particular to the various National Health Directorates that have shown interest in gaining a better understanding of how to undertake the transition process required by the new legal framework. This entails redefining its role as rector of the public health sector, overseeing the licensure and accreditation process and as a provider of public health services.

In the policy domain, REDSALUD offered significant technical assistance in the creation of the institutions which belong to the emerging health and social security system, as is the case with the Superintendent of Health and Labor Risks (SISARIL). Important contributions were made in formulating regulations for the start up of the General Health (42-01) and Social Security (87-01) Laws, as well as organizing policy dialogues in support of the reform process.

In examining the past year, it can be concluded that REDSALUD carried out many activities that were highly consistent with the objectives of the project, the USAID mission and the government of the Dominican Republic. REDSALUD achieved intermediate results that highlight the project's success and illustrate the technical team's efforts, in spite of some obstacles encountered.

In upcoming years, the project will focus on effectively implementing the proposed activities and continue to achieve the expected results in concurrence with the “maturity stage” of the project. While some foreseeable obstacles related to the beginning of the pre-electoral process exist, the

project hopes to demonstrate to local politicians that good public management contributes to electoral success.

Introduction

The United States Agency for International Development (USAID), mission to the Dominican Republic, signed a contract with Abt Associates Inc. for the implementation of the Health Reform and Decentralization Project, REDSALUD, during the period 2000-2005. Other partners in the implementation of the project are Development Associates, Family Health International (FHI), George Washington University, American Manufacturers Export Group (AMEG), and INSALUD, a Dominican organization. The project was officially launched in September 2000.

During the second year of operation REDSALUD's technical team continued to carry out several activities related to full project implementation. During this time, some preliminary results were achieved. This annual report is a summary of the achievements and project strategies during the period spanning October 2001 to September 2002. As in the case of the first annual report, this report includes information from the quarterly reports that were submitted to USAID during this time period. We refer the reader to those reports if further details are needed on activities highlighted in this Annual Report.

Social Security and Health Reform Achievements in the Dominican Republic

The approval of the **General Health Law** (42-01) and the law that creates the Dominican **Social Security** system (87-01) in 2001, defined a distinct course for the development and function of the health care system in the Dominican Republic. This change arose from a series of marked deficiencies in the existing system such as limited access, poor quality, inequity, and inefficiency. Most improvements in the national health indicators reflect modest progress in comparison with other countries that have a similar degree of social investment in the health sector.

The new model for the development of the health care system in the Dominican Republic is known as "managed competition," because it combines aspects of a competitive market with a strong regulatory function by the state. This model introduces a series of innovations in the organization, management, monitoring and control, and financing of the Dominican Health System. In addition, there will be a separation of functions, recognition of performance-based results, accountability, patient choice in selecting service providers, and public and private financing based on prospective budgeting and productivity.

The reforms outlined by Law 87-01, require the organization and development of various new institutions in order to carry out what the law mandates. Among these institutions, the National Social Security Council (CNSS) and the National Health Council (CNS) were created to steer the new system. These councils represent a means of attaining "shared rectorship" consisting of broad participation by the government, corporate sector, working class sector, and civil society representatives. This mechanism will help to strengthen opportunities for dialogue, reaching consensus and attaining sustainability concerning important policy/strategic decisions about the new health and social security system.

Other organizations prepared to put the new system into practice are:

- The Social Security Executive Manager's Office
- Superintendent of Health and Labor Risks (SISALRIL); this entity has registered more than 60 health risk management organizations, which are also new to the system;
- Superintendent of Pensions (SIPEN)
- Office of the Social Security Ombudsman (DIDA)
- Social Security Treasury; and,
- National Health Insurance (SENASA)

In addition, the following accomplishments took place in the process of building the new system during the period of this report:

- Approval and enactment by decree of the National Health Council's internal regulations.
- Approval and enactment of criteria for the "Guidelines for formulation of regulations for the Public Health Law", which ensures that regulations approved are consistent with the public health and social security laws.
- Approval of the National Health Council's work timeline and of the first list of regulations of the General Health Law.
- Creation of "Total Health," a health risk management organization in the Social Security Institute (IDSS), which will be incorporated as a private ARS.
- Approval and creation of licensing regulations for health service facilities, which will allow civil society participation (AMD, ANDECLIP and INSALUD) in an advisory council to the SESPAS licensure unit. Accordingly, the deconcentration process will enable provincial health offices to conduct licensing of primary health care facilities.
- Approval of blood bank and clinical analysis laboratory regulations by the National Health Council.
- SISALRIL's drafting of regulations under their jurisdiction, including family health insurance, whose final approval will be granted by the CNSS. It should be noted that transparency and increased participation has been promoted by SISALRIL as this public policy development process gets underway. They enabled general public consultation, via Internet, on the preliminary version of regulations.
- A timeline was created to define startup of the new system in the different regions. The system will be initiated in Health Region IV (Southeast) in November of 2002, followed by Region V (eastern region assigned to REDSALUD) in March of 2003.

Other achievements include the development of regulations for the separation of functions in the National Health Council, with CNSS' participation, which will soon be approved. These regulations are important because they define the domain and roles of the newly created and previously existing entities in the Health Sector, in the framework of the new health and social security system. This will ensure that the system will operate in an organized, efficient and effective manner. At the same time, SESPAS should prepare regulations for the provision of public health care services, which allow for the organization of autonomous provider networks following the principles of separation of functions and decentralization in the new legal framework.

Rationalization and improved transparency have also been initiated in the program for community drug stores under the direction of PROMESE, which is expected to contribute to improved drug supply management, an important piece of the new health and social security

system. CERSS' new leadership has boosted the reform process and promoted more efficient use of resources, coordination, and collaboration among key players.

Despite these achievements, situations that have presented difficulties for the reform program include:

- (a) The absence of a "critical path" for reform, and weaknesses in leadership and national technical capability.
- (b) The financial crisis and the resulting uncertainty which has affected the allocation of resources necessary to initiate the new system.
- (c) Slow understanding and acceptance of the new paradigm and thus of the resulting changes in institutional cultures and practices.
- (d) Conflicts and contradictions among key institutions that affect the establishment of social security.

The above notwithstanding, the creation of the new Health and Social Security System, which indicates the enormous reform efforts undertaken by the Dominican Republic, is now fully in motion and is irreversible. Consequently, it is this process of change that defines the current situation in the Dominican health care system as well as the context in which initiatives sponsored by the international cooperation agencies, such as REDSALUD, ought to be framed.

Results Framework

The primary objective of the project has been to contribute to the achievement of USAID's Strategic Objective 10, "sustained improvement in the health of vulnerable populations in the Dominican Republic" (formerly known as SO2). In addition REDSALUD was designed to contribute directly to the achievement of Intermediate Results 10.4, "To promote efficiency and equity of basic health services at the local level," and 10.1, "To increase use of HIV/AIDS services and prevention". The project was also to contribute indirectly to accomplishing Intermediate Results 10.2 and 10.3, "To promote sustainable and effective reproductive health and family planning services by the public and private sectors" and "To increase use and effectiveness of selected child survival services," respectively.

Annex A presents REDSALUD's updated results framework, including both intermediate and lower level results, as well as their link to USAID results. In addition, a separate document has been prepared that presents the baseline results of the project with data collected through various measurement tools and information routinely collected from the health entities that participate in the project, such as the Region V provincial health offices. The following table contains a brief synthesis of the preliminary health reform process results in the Dominican Republic, to which REDSALUD has made a significant contribution, as well as toward USAID objectives.

**Table 1: Synthesis of Preliminary Results Achieved by the Health Reform Process
with REDSALUD's Contributions, and Relationships to the USAID Objectives**
October 2001 – September 2002

<i>USAID Objectives</i>	<i>Preliminary Results in the Health Reform Process</i>	<i>REDSALUD Contributions</i>
SO 10.0 Sustained improvement in health of vulnerable populations in the Dominican Republic	<ul style="list-style-type: none"> • Organization of key institutions of the new health and social security system (National Health Council; National Social Security Council; SISALRIL, DIDA, SENASA) • Devising regulations to get the new legal framework underway • The new system has established the foundation for health insurance coverage to increase from 7% to 30% in the first year of operation 	<ul style="list-style-type: none"> • Technical assistance and international consultancies for the organization of SISALRIL and SENASA • Technical support in the preparation and revision of regulations • Improvement in vaccine coverage in the province of Hato Mayor (BCG coverage has increased by 20%, Hep B by 20% and HiB by 30% in children under one year of age between 2001 and mid-year 2002) and in the index of completed recommended doses (Hep B, Polio and DPT) • Improved coverage in La Romana (BCG coverage increased by 12% and measles by 17% in children under one year of age between 2001 and mid-year 2002) and the index of completed recommended doses for Hep B, DPT and HiB) • Improved diarrhea control and prevention in El Seibo (the incidence of EDA in children less than 5 years of age decreased from 128x1000 in 2000 to 93x1000 in 2001, a reduction of 27%)
SO10.4 To promote efficiency and equity of basic health services at the local level	<ul style="list-style-type: none"> • Approval of health provider licensure regulations; separation of health functions • Execution of the FONAP program, which included 300,000 poor in a pilot project of pre-paid basic health services • Training programs and management capacity building at decentralized levels (Regions III, IV, V) • Hospital strengthening program in various locations throughout the country • Organization of SENASA and the 	<ul style="list-style-type: none"> • Training and management strengthening in Hato Mayor, El Seibo and La Romana (approximately 1,200 people trained) with an average increase of 20% in subject comprehension • Software development for local level data base management of EPI users in Region V • Technical assistance to SESPAS' central level toward improving the management of EPI, tuberculosis, VIH/SIDA programs • Technical assistance for SENASA • Interventions towards improving

USAID Objectives	Preliminary Results in the Health Reform Process	REDSALUD Contributions
	development of regulations for the subsidized regimen	management capacity of public health services (of which the majority of users are below the poverty line)
SO10.1 To increase use of HIV/AIDS services and prevention	<ul style="list-style-type: none"> Consolidation of institutions in the new health and social security system 	<ul style="list-style-type: none"> Study completed in relation to the status of HIV/AIDS in Region V Inclusion of HIV/AIDS preventive programs in strengthening of management capacity in the provinces Hato Mayor, La Romana and El Seibo Technical assistance for DIGECITSS in managerial development
SO 10.2 To promote sustainable and effective reproductive health and family planning services by the public and private sectors.	<ul style="list-style-type: none"> Formulation of regulations for Family Health Insurance Strengthen SESPAS' maternal mortality surveillance system Maternal Mortality Rate has been reduced from 110/100,000 in 1995 to 69/100,000¹ in 2001 	<ul style="list-style-type: none"> Participation in consulting, analysis and dissemination of strategic reproductive health diagnosis in the Dominican Republic (with Population Council)
SO 10.3 To increase use and effectiveness of selected child survival services.	<ul style="list-style-type: none"> Preparation of regulations for Family Health Insurance (basic plan) Improvement in national management of EPI Infant Mortality Rate has been reduced from 47/1,000 in 1996² to 30.5/1,000 in 2001¹ 	<ul style="list-style-type: none"> Support EPI management strengthening in Region V provinces Improvement in EPI management indicators in Region V (for example, increase in the vaccination yield administered to children less than 1 year old in Hato Mayor) Improved access to preventive services, such as the 6 new Oral Rehydration Units in El Seibo Support to SESPAS in carrying out national vaccination campaigns

Finally, more than 80% of REDSALUD's Year 2 work plan (2001-02) has been implemented, despite delays caused by the electoral process, which took place in the Dominican Republic during the first half of the year. Other factors that may have affected timely completion of projects have been the many unforeseen demands by the central level of SESPAS, the change of key staff members and the limited, but steadily improving, technical capabilities of implementing teams.

¹ Situación de Salud en Las Americas Indicadores Básicos 2002, Programa Especial de Análisis de Salud, OPS/OMS, 2002.

² ENDESA, 1996

Strategies

As stated in REDSALUD's first Annual Technical Report, the objective was "...to increase the use and sustainability of basic health services and practices and to implement HIV/AIDS prevention and care at the local level in the Dominican Republic" and it was proposed that "USAID funds be used to stimulate the development of integrated health service networks at the decentralized level, comprised of both public and private providers – including primary healthcare and care and prevention in relation to HIV/AIDS – in order to increase the provision of quality health services for people below the poverty level and other users". It is interesting to note that when this description was written at the end of 1999, the General Health and Social Security Laws were proposals subject to public debate with an uncertain future.

As a result, the implementation of three strategies was proposed:

Strategy 1: Implement and evaluate innovative health service networks to offer affordable basic quality health services, (including the prevention and care for HIV/AIDS/STI) in 14 DPS/DMS.

Strategy 2: Strengthen SESPAS's capacity to administer, regulate and distribute resources in order to provide affordable, quality healthcare at the decentralized level.

Strategy 3: Develop a policy environment that supports health sector reform at local, provincial and national levels.

At the end of the project's second year, these strategies maintain their validity and guide REDSALUD's continuing work, as follows.

Strategy 1: Implement and evaluate innovative health service networks in decentralized settings. This approach is one of the principal objectives of the new legal framework for health reform in the Dominican Republic, based on the principle of separation of functions and decentralization. This strategy has been used by the local management support component in the first generation of demonstration projects, and will be strengthened in the second and third generations. The vision is to continue to support the country in establishing public health services that are autonomous, efficient and sustainable and promote access to integrated, equitable, and high quality care.

Strategy 2: Strengthen SESPAS's capacity to implement decentralization in an effective manner. This strategy is related to Strategy 1 and represents a significant challenge, not only for SESPAS, but also for the other institutions under the new health and social security system. REDSALUD will continue to support local capacity to implement the new system, taking into account national guidelines issued by the steering organizations. In addition, the viability of decentralization depends on active community participation. Strengthening local capacity should be complemented by the development of interventions to facilitate participation by organized communities in steering their own destiny.

Strategy 3: Development of a Favorable Policy Environment. This strategy has been fundamental in channeling support in this complicated process of creating a new health system in the Dominican Republic. The immediate future requires showing that reforms are in fact viable from the technical, political, social and financial perspectives. This first step requires the development of credibility in the change process and in creating the conditions for greater

consciousness and support by stakeholders. The demonstration projects facilitate an understanding of the magnitude and complexity of the problems, allowing for solutions to be created, adjusted and then disseminated to other places. These are essential elements in developing a true and lasting agreement between responsible officials and communities to improve institutions.

Our initial strategies remain valid and include:

- Forging strategic alliances
- Integrating HIV/AIDS prevention at every level of health sector reform
- Promoting reform sustainability
- Introduce Dominican solutions for Dominican Health Reform
- Learning by doing
- Flexibility

Principal Technical Achievements

General Activities

Once the operational plan for the 2001-2002 period was approved by USAID, after consultation with REDSALUD's counterpart institutions such as SESPAS, CERSS and the newly established National Social Security Council, the project continued to support the health reform process in the Dominican Republic. A number of activities were directed toward supporting the organization and consolidation of the new Dominican social security system according to specifications established by the law 87-01. REDSALUD offered technical assistance to the CNSS and its constituting institutions, such as the Superintendent of Public Health and Labor Risks (SISALRIL). In addition to REDSALUD support to organize SISALRIL, the project has helped to formulate the regulations for the family health insurance, health risk management organizations, and the basic health plan, among others. Outputs of this assistance were fully accepted by SISALRIL and were presented to the CNSS for final approval.

Another general project activity has been to follow up REDSALUD's monitoring and evaluation plan, a task that required much time and effort. During this period, baseline was established through the use of measurement tools such as the Management and Autonomy Index, Decentralization Index and the User Satisfaction Survey. These instruments were applied to representative samples of Region V health service users and health organizations, as well as provincial health offices and SESPAS' service provision establishments. Routinely collected information from Region V health organization was also utilized. These baseline results are presented in a separate report, but it is important to note here that, as anticipated, Region V management capacity is quite limited (10% in the global weighted index). These results contrast with a relatively high perception of service user satisfaction (70%), which is consistent with similar studies conducted in the country. A technical report on these results closely analyzes the interaction between these two variables.

REDSALUD also made noteworthy strides in writing up and disseminating information through a brochure, website (www.REDSALUD.org.do) and three quarterly newsletters (*"Reform in Action"*). The project's technical team has been fundamental in the creation of these informational pieces, as have other Region V representatives from different local institutions. The newsletter has approximately 1,000 recipients on its distribution list, including individuals

and governmental and non-governmental organizations, universities, local authorities and other parties interested in the reform process.

With regard to follow-up meetings with USAID partners, during this period the project collaborated in various initiatives that were promoted by Mission-sponsored organizations or projects. For example, the project participated in a study on reproductive health in the Dominican Republic that was carried out by the Population Council³. This study helped identify the factors associated with important reproductive health problems responsible for the high incidence of maternal mortality, teen pregnancy, and sexually transmitted infections. As a result of this study, several national level meetings have taken place, which were aimed at examining results in more depth and defining appropriate courses of action. Similarly, REDSALUD collaborated on other activities such as an analysis of financial mechanisms for the purchase of critical reproductive health supplies (JSI); behavior change in the adoption of preventive health practices (CHANGE/AED project); and the analysis of study results related to nutritional risk in vulnerable populations (CHANGE/Manoff Group).

During this period REDSALUD/USAID sponsored training, specifically the Flagship training seminar on reform and financing health systems, which was organized by World Bank. The project supported 4 Dominicans to participate in the Flagship Seminar in Panama in November 2001.

Finally, the project organized a meeting by the Advisory Council in November 2001, in order to examine REDSALUD's achievements and endorse the work plan. There was consensus in regard to the project's success and accomplishment of its objectives. Representatives from counterpart institutions endorsed the operational plan proposal that was carried out during this past year. The proposal to develop a post-graduate program in health economics has actually led to the formulation of a program in health management and social security, which is currently in a bidding phase. The program will be offered by a Dominican university and will strengthen the national management capacity in health and social security.

³ Miller, S. et.al. Reproductive Health Strategic Diagnosis in the Dominican Republic, February 2002, Population Council/USAID, Santo Domingo

Support to Local Health Services Management Component

This component accomplished numerous activities during October 2001 and September 2002, corresponding to the second year of the project. The project, through the local management support component, developed a series of initiatives aimed at strengthening provincial and regional management in areas related to the new legal framework instituted upon approval of the General Health and Social Security Laws in the Dominican Republic.

This component involves multiple phases for interventions by REDSALUD. The first phase began in 2001 with the implementation of three demonstration projects led by the Region V provincial health directorates. Two of those projects were aimed at strengthening management of the Expanded Program in Immunizations (EPI), and one at improving the Acute Diarrheal Disease Prevention and Control Program. During the period, the second and third generations of demonstration projects were initiated, in order to develop knowledge and skills among DPS and service providers to perform the new roles assigned to them as a result of the new legal framework. These skills will allow the development of autonomous, integrated health service provider networks.

First generation projects

The Provincial Health Directorates of Hato Mayor, El Seibo and La Romana signed co-financing agreements with Abt Associates, on behalf of the United States Agency for International Development (USAID), in July 2001. This allowed for the design and initiation of demonstration projects that introduced various public health management tools and strategies, meant to strengthen the functioning of basic provincial health units at the primary health care level.

The main objective of these projects is to **improve the management of immunization projects run by the Expanded Program in Immunizations (EPI)** in Hato Mayor and La Romana, and management of **Acute Diarrheal Disease Control and Prevention (ADD)** in El Seibo. Management tools are being developed for areas such as human resources, information systems, supply systems, intersectoral integration and community participation, evaluation, and performance monitoring and recognition.

The following **impact indicators** are being evaluated:

- ✓ Improved management capacity
- ✓ Increased access to EPI and ADD program services
- ✓ General improvement in management capacity of basic units and UNAP
- ✓ Increased efficiency and utilization of human resources and improved quality of services

Expected **process results**:

- ✓ Personnel aware and strengthened in management skills
- ✓ Improved information systems
- ✓ Supply and input control system adequate and timely
- ✓ Intersectoral network to support the formation and integration of the health sector
- ✓ Improved supervision and monitoring systems
- ✓ Strengthened community participation

Some noteworthy achievements of this component were the result of demonstration projects, particularly in aspects related to the strengthening of human resources, developing technical solutions for the local management of EPI, and organizing community support groups for programs and social participation. Annex C illustrates the intensity and diversity of training opportunities for Region V health personnel. These training activities have had a strong impact on institutional culture and management practices. There is increased knowledge and use of management tools, which have had a direct effect on programs that serve as the platform for development of the demonstration projects, and have also had an indirect effect on other tasks/areas that the technical teams have under their responsibility. Eventually, the consolidation of this management culture will be realized in Region V.

The creation of community support groups as a means of social mobilization should be mentioned. This is fundamental to ensuring sustainability of the projects through the development of social control and empowerment practices with regard to management of services. These practices are illustrated by the signing of performance agreements between the authorities and service providers with the community as a witness, which evaluate the performance of public officials and achievement of concrete results.

First generation projects are developed in three phases, each lasting one-year and a maximum duration of three years for implementation (2001-2004). The projects will primarily benefit children less than 5 years of age and women of reproductive age from the aforementioned provinces. The following table presents an analysis of results from these demonstration projects.

Table 2: Results from REDSALUD Demonstration Project in Region V. October 2002

La Romana

Expected Result	Indicator	Year 1 Goal	Result	% of completion
Train personnel	# of training events	5	6	120%
Information System	Computer with software	2	2	100%
	# of forms/registries created or revised for referral systems, supervision guide	2	2	100%
	# of public events in which results are presented	1	0	0%
	# of editions of newsletter	2	0	30%*
Supply system	Control mechanisms for supplies	In existence	In existence	100%
Data network development	# of activities that support the exchange of intersectoral information (including political mapping)	1	1	50%*
Supervision and monitoring	Production and revision of a supervision guide	In existence	In existence	100%
	# of supervision visits to the vaccination sites	12	4	33%
Community Support Groups	# of community groups with a list of names, roles and signed agreement	10	10	100%
	# of group training events	5	2	40%
Incentive plans	Establish the recognition criteria	In existence	no	0%

* Partially completed

Expected Result	Indicator	Year 1 Goal	Result	% of completion
	# of public events (and rewards) which recognize the DPS, vaccinations site personnel, community and organized groups.	1	0	0%

El Seibo

Expected Result	Indicator	Year 1 Goal	Result	% of completion
URO installation	# of UROs installed	5	6	120%
	List of responsible persons over ORT	5	0	0%
	# of promotional activities and dissemination of information	2	4	200%
Formation of support groups	Work plan	In existence	In existence	100%
	# of project activities (including political mapping)	3	4	133%
	# of groups of mothers and community leaders educated	5	2	40%
Personnel Knowledge	% of personnel adequately trained	20%	80%	400%
Supervision and monitoring	Supervision manual (norms and procedures)	In existence	In existence	100%
	# of supervision visits	25	25	100%
	# of recognitions granted annually	3	0	0%

Hato Mayor

Expected Result	Indicator	Year 1 Goal	Result	% of completion
Information System	Computer with software	2	2	100%
	Operational plan	In existence	No	50%*
Supervision	Protocols	Yes	Yes, but revision required	50%
	# of visits completed	18	7	39%
Monitoring and Evaluation	Written plan	Yes	Yes	100%
Supplies	Protocol, procedures	Yes	No	0%
	Supply materials and critical path identified for supplies	Yes	No	0%
Personnel Knowledge	# of training events	6	5	83%
	Level of knowledge (pre and post-tests)	10% increase	17% increase	170%
Community participation	# of participants exposed to tools	200	327	163%
	# of support committees	3	3	100%
	# of public transparency events	1	0	0%
	# of members' identification cards and lists	3	3	100%
	3 photos from each event	21	88	352%
	Work plans	3	3	100%

* Partially completed

Expected Result	Indicator	Year 1 Goal	Result	% of completion
	# of support committees meetings	24	28	117%

Second and third generation demonstration projects

The reform process involves improving efficiency in resource use, as well as improved service quality and access in order to achieve user satisfaction. Consequently, health institutions are implementing a series of activities directed towards the development of more cost-effective services, which at the same time satisfy user needs and expectations.

At the present time, the local management support component provides technical support to the provincial, municipal and regional hospital executive teams, as well as to the Region V Provincial Health Directorate to assist them in preparing viable technical and financial proposals designed to substantially improve their operations and allowing them to integrate as public provider networks. In addition, these projects expect to improve management and performance of the public providers in the region, in order to improve service quality, access and efficiency.

The contents and objectives of proposals presented by the teams are varied and focus on the definition of service portfolios, analysis of productivity of these services, management information systems, as well as evaluation and performance recognition. In addition, the creation of patient-centered service offices will serve as the central point for a referral system, a fundamental aspect in the operation of provider networks. The regional project's objective is to organize and support efforts towards putting the new health and social security system into motion in Region V. This will be accomplished through interventions in areas such as user identification and classification; human resources training; information, education and communication; provision of basic management support equipment; strengthening information systems; and development of systems for contracting and payment of providers, etc.

REDSALUD received 14 proposals for the second-generation of demonstration projects related to the Patient-Centered Services Office. Following the evaluation process, seven proposals were selected, of which revisions are presently being finalized and contracts are expected to be signed with USAID in early November 2002. Third generation project proposals are expected to be completed by the end of this calendar year.

SESPAS Central Support Component

The principal objective for this component of the project is to continue to provide technical support to SESPAS's central level in order to carry out reform efforts, particularly during the institutional and functional transition, as required by the new legal framework. In addition, this component serves as a link between the local management support component and SESPAS's central level, in order to replicate and institutionalize successful innovations achieved through the demonstration projects. The most significant results of this component during Year 2 include:

(a) *Increased level of knowledge and support for REDSALUD's objectives and strategies at central SESPAS.* There are 7 national program offices that are better informed and are open to carrying out reform efforts. As a result, this objective was 85% achieved.

(b) *Improved knowledge with regard to the scope and content of the upper management levels of SESPAS' programs* (Management Index and role descriptions). Baseline was established, accomplishing 100% of the objective.

(c) *Technical cooperation for primary health care, immunization, HIV/AIDS (regional situational analysis) and tuberculosis programs, in order to understand and better address the transition process.* At least 10 technical personnel have been trained in management and analysis tools. This objective was 50% achieved.

(d) *Support for the design of regulations, licensure tools and human resource registry and control,* achieving 75% of this objective.

(e) Other activities:

- Technical and financial cooperation was offered to SESPAS to assist in completion of the Human Resources inventory in Region V.
- Active participation with George Washington University (GW) and other consultants in the design of a Public Health and Social Security Management graduate training program.
- Support for HIV/AIDS services at the provincial level through work on a situation analysis of STI/HIV/AIDS in the Eastern region, presently 33% completed.
- Improved coordination among health reform initiatives.

In order to develop the aforementioned activities, constant interaction with SESPAS must be sought by activities such as meetings, field visits, revision of official documents (such as the civil service law and its regulations; the licensure regulations, and the human resources management regulations); updating and training activities; coordination efforts; and general technical assistance. This is especially important in order to disseminate aspects related to SESPAS' role and public health functions. One aspect integral to this component was the active involvement in specific efforts and initiatives (human resources management, EPI campaign support, information systems) to facilitate coordination at the central level of SESPAS and among various health reform programs that support SESPAS, including PAHO, PROSISA and CERSS. To this end, RESALUD participates in several working groups in order to assist with steering and collaboration for effective reform.

This component is responsible for assisting SESPAS in developing deconcentration and decentralization strategies, as well as its role as rector. In this sense, this component has worked in closer collaboration with the local support component. In the near future we envision an important “bridging” role, especially as some demonstration projects are replicated and institutionalized.

With respect to HIV/AIDS, we have been working diligently to better understand the roles and responsibilities of the new institutional entities and to develop a relevant plan for technical cooperation. Given the mandate to strengthen decentralization, it is clear that our focus will be on the local response to HIV/AIDS. Contact was maintained with DIGECITSS and COPRESIDA to implement local level interventions, taking advantage of opportunities to form intersectorial and inter-institutional coalitions and alliances. In this sense, a Region V STI/HIV/AIDS situational analysis was planned, together with DIGECITSS, and field visits were conducted to La Romana, La Altagracia, San Pedro de Macorís and El Seibo in order to explore possibilities and discuss DPS involvement. Information dissemination also took place, in regard to the new legal framework, social security and the roles of key players in the HIV/AIDS area.

The support to central SESPAS component encountered some obstacles during Year 2. One recurring problem that has affected reform efforts at SESPAS is the limited level of resources allocated to programs. During Year 2, SESPAS encountered serious financial difficulties balancing payroll needs and the operational costs. Policy decisions in favor of increasing bureaucracy continue to affect SESPAS’ capacity to effectively respond to public health needs. Nonetheless, SESPAS was successful in controlling a number of vaccine-preventable disease outbreaks. As was the case in the first year of the project, SESPAS continued soliciting financial support from REDSALUD for specific activities that were not planned. These requests were considered case by case using criteria such as resource availability, relevance to project strategies and USAID approval.

Support to Favorable Policy Environment Component

The main objectives for this component during this reporting period were to contribute to the development of a favorable policy environment for health reform, to create a new social security system, support community participation, and assist in demonstration project implementation.

As previously mentioned, considerable support was given this year to drafting the General Health Law regulations, as well as revising proposals written by other contributing institutions. Among the regulations approved are:

1. National Health Council Internal Regulations
2. Guidelines for regulation formulation
3. Health Service Provider Licensure Regulations
4. Clinical Analysis Laboratory Regulations
5. Blood Bank Regulations

The project made significant contributions to the Provider Licensure regulations. One of the most important aspects of this process is its deconcentrated approach, with the Provincial Health Directorates having a clearly defined role and civil society serving as advisor through active participation (AMD, INSALUD, ANDECLIP). As a result of these activities, the concept of a “temporary licensure” was included by means of a self-assessment, sworn affidavit. During the discussion and approval process for the blood bank, clinical analysis laboratory and public health regulations, REDSALUD was pivotal in influencing the inclusion of issues related to HIV/AIDS.

In this component REDSALUD also supported draft proposal for two key General Health Law regulations related to “decentralization” and NGO contracting. Interested parties analyzed these drafts.

Intense work has been done, yet still not finalized, on developing regulations for the separation of functions in the national health and social security systems. REDSALUD has provided valuable support in this debate and to the content of these regulations, which is about to be approved, ensuring their compatibility with the social security law. The regulation clearly defines:

1. SESPAS’ role as health sector rector
2. The process of separating functions in health services provision, through the creation of Regional Health Services, which will develop autonomous entities that are separate from SESPAS, while maintaining their public character.
3. The establishment of National Health Insurance Fund (SENASA) to operate as a public risk management organization.
4. The role of the Social Security Treasury, the CNSS and the SISALRIL in relation to financing functions and control.
5. Community participation in the establishment of network administration councils, as well as the development of rectorship and provision functions.
6. The deconcentration and decentralization of the rectorship role toward autonomy of the regional health services.

In addition to the political dialogue activities and the dissemination of key health and social security reform concepts, several information and awareness building activities were carried out with the Dominican Medical Association (AMD). These activities were developed at a workshop for all provincial and national level officials (about 60 participated) to update them on reform topics and improve their familiarity with the laws.

Workshops were also organized in La Romana, San Pedro de Macorís and El Seibo. These workshops included participation by many health personnel and AMD directors. Eight social security workshops were also organized in Region V for various audiences. Three presentations were done for journalists that participate in the Health Journalist Association (CIPESA) on the new legal framework and the health and social security reform process.

Diverse activities were developed to support the political viability of the Region V demonstration projects. These include:

- Region V private health establishment inventory and study results analysis.
- The creation of a political map (using *PolicyMaker*), to identify key community players and to define communication strategies for reaching different audiences.
- Work with provincial public health offices in work related to promoting social participation, an understanding of policy and decentralization process.
- Eight social security and demonstration project presentations for community groups.
- Development and organization of a workshop for Region V legislators and mayor-elects and the creation of a committee for Region V social security development.

Finally, in regard to using the *PolicyMaker* tool for analyzing policy reforms and designing appropriate strategies for launching these projects, technical assistance was given to IDSS in analyzing national health insurance and to the DPS of La Romana in analyzing demonstration project support for EPI.

Year 3 Perspective and Beyond

REDSALUD has completed the first two years of project implementation. These first years have served as the “launching” phase of the project, which included establishing the technical and operational base for the program. The next phase of the project, a stage of “maturity,” involves full and sustained implementation that seeks to ensure that the proposed objectives are achieved and to create opportunities for the consolidation and sustainability of the results.

As evidenced by the demonstration projects, the strategy and activities are well defined and should contribute to the national objective of building a new health and social security system. Although the importance of the local management support component remains evident, its success is assured by integrated project operation, where the support to SESPAS and policy components create conditions for the institutionalization and viability of the reform initiatives.

The question then is, “What is the national context for health reform in the short term?” Unquestionably, this is an important social policy that the current government intends to continue supporting as part of its historical legacy. The construction of a new system will continue to be subject to the “learning curve” while the institutional actors develop the necessary capabilities.

The upcoming year will mark the beginning of a new electoral campaign that could influence the success of REDSALUD's initiatives. This will test the principles that have shaped the project, particularly those related to sustainability and social control. In this vein, it is possible that local institutions and counterparts learn that the success of the demonstration projects may contribute to bolstering political agendas. We hope this realization will ensure commitment to project implementation.

The third year of the project represents the beginning of the "maturity" phase that requires clarity in what needs to be accomplished and the rationale for these activities. In view of this, REDSALUD's strategies and activities have reached at a defining moment in that the project will focus on carrying out its activities and consolidating its program, with little room for changing its course. This is justified in light of the fact that the project's vision is not subject to structural reform proposals, albeit REDSALUD contributes to them, but it addresses the need to develop and strengthen overall institutional capacity that will sustain change. Consequently, REDSALUD's future strategies and activities have been clearly defined and their implementation will be priority. During the third year, documentarion, systematization, and dissemination of the process will be instituted, looking for, hopefully, replication and institutionalization of innovations throughout the country.

Third year project goals

The third year of the project poses important challenges to REDSALUD/USAID. First, we need to consolidate the process, and, at the same time, to incorporate the demands of the new Dominican Social Security System (SDSS). The principal course of action for subsequent years will be to focus on putting the new health and social security legal framework into operation. This involves, among other things, a gradual transition in the functions of the central, regional and provincial SESPAS; the development and consolidation of regional service provision networks; public accountability and the incorporation of "vertical" programs, such as HIV/AIDS and tuberculosis prevention and control, into the basic health plan.

During the third year, REDSALUD will monitor the demonstration projects in existence, as well as work with the teams to extend their scope and better integrate them into the health reform process. The 11 remaining projects will be initiated, in order to set the new social security system in motion. The projects will be based on government guidelines as reference points, especially in aspects related to institutional management. These projects will work on the short and intermediate term to strengthen human resource, through short-term programs in developing specific administrative skills, as well as formal management training courses.

At the central SESPAS level, the project will help facilitate the transition process in accordance with the stipulations in the new legal framework, and will serve as a "bridge" between the local level demonstration projects and assist in institutionalizing the efforts. As long as the demonstration projects keep developing effective solutions, this component will support their knowledge, adoption, and expansion by executive levels of SESPAS.

The policy support component will establish and maintain positive conditions for carrying out demonstration projects, continuing to maintain awareness over the larger context. In order to accomplish this, it will be necessary to work on preparing and enacting regulations needed to

put the new legal framework into motion, as well as maintaining information flow in order to increase awareness and support for reform.

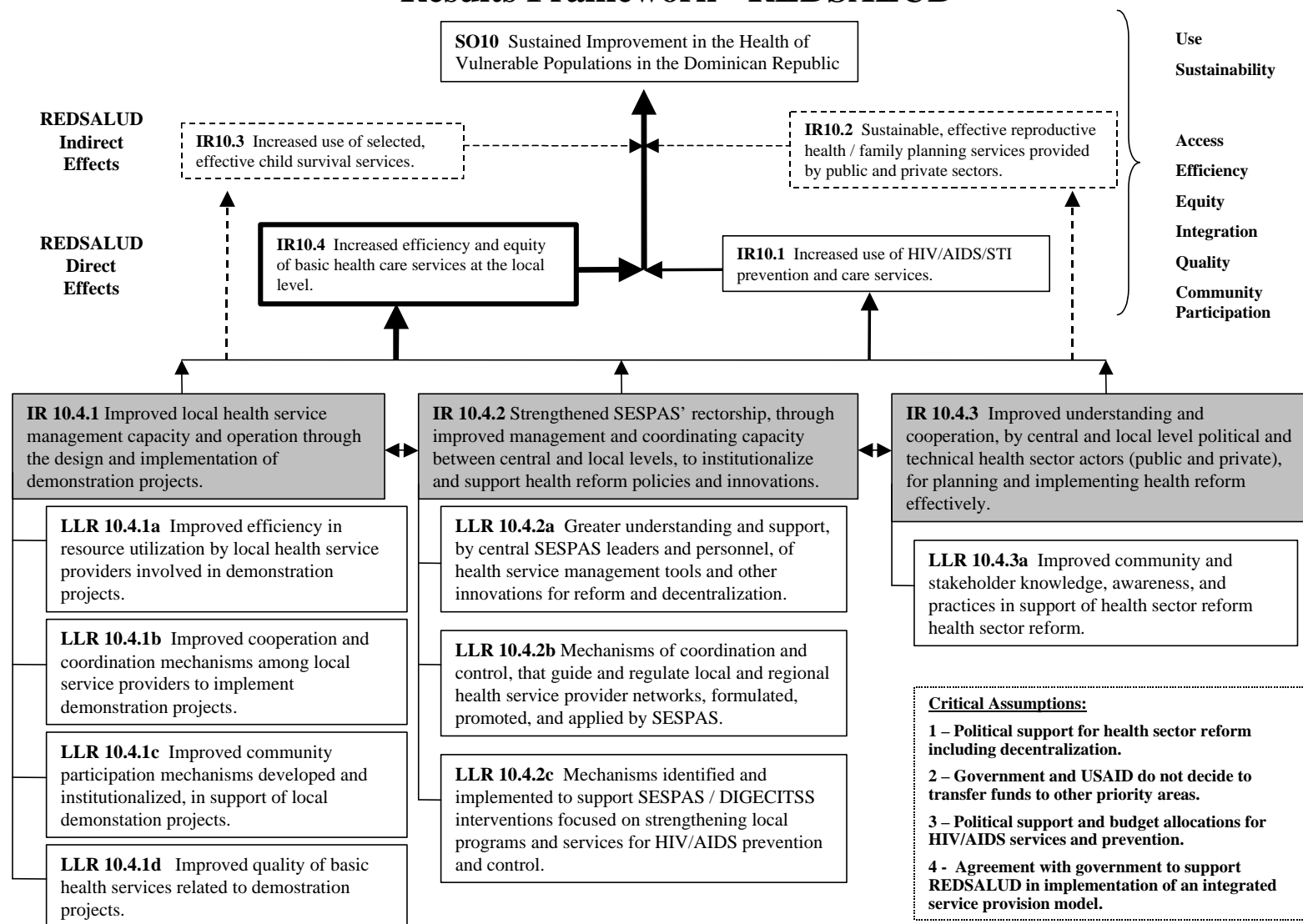
Conclusions

REDSALUD's second year proved to be a time of transition for the Dominican health care system. Accordingly, future REDSALUD contributions will be to assist in this transition process. We foresee profound changes needed in the development of the new health and social security system. This ambitious change requires technical assistance, resources, time and political will.

USAID's cooperation, through REDSALUD, remains relevant and provides the opportunity to bring to bear significant impact on improved basic health service access, quality, efficiency and equity. Demonstration projects offer the opportunity to bring about change with increased participation by authorities and the community. During REDSALUD's third year, the project will concentrate on carrying out the activities in the framework of its current vision. This will allow for the organization and consolidation of achievements to ensure sustainability and institutionalization.

ANNEX A

Results Framework - REDSALUD



ANNEX B: Intermediate Results: Indicators, Benchmarks and Timeline

Intermediate Results	Indicator	8/2000 – 7/2001	Baseline	Benchmarks			TOTAL
			8/2001 – 7/2002	8/2002 – 7/2003	8/2003 – 7/2004	8/2004 – 7/2005	
IR10.4.1 Improved local health service management capacity and operation through the design and implementation of demonstration projects.	Proportion of increase in the level of management capacity and autonomy in the local health services connected with the demonstration projects, measured in terms of: <ul style="list-style-type: none"> • Governance • Leadership, Planning and Control • Internal Communication • Organizational Development • Human Resources Management • Marketing, Competition and Integration 		IGPcv ⁴ for Region V = 10%	15%	20%	25%	25%
	Proportion of access that poor populations have to basic health services related with demonstration projects, measured in terms of: <ul style="list-style-type: none"> • Service utilization rates • Population coverage rates 		34% ⁵	39%	44%	49%	49%
	The number of demonstration projects implemented by REDSALUD.		3	7	4		14
	Percent variation in productivity (average of all demonstration projects).		0% ⁶	Increase 5%	Increase 5%	Increase 5%	Total percent change = 15

⁴ Índice Global de la Percepción de la Gestión y Autonomía ajustado por coincidencia y verificación (Management Index Score adjusted for consistency and verification)

⁵ Average of immunization coverage rates for two demonstration projects (Hato Mayor and La Romana) for the year 2001.

⁶ Since this indicator is based on the size of the difference in productivity over the years, the baseline is set as 0% change.

Intermediate Results	Indicator	8/2000 – 7/2001	Baseline	Benchmarks			TOTAL
			8/2001 – 7/2002	8/2002 – 7/2003	8/2003 – 7/2004	8/2004 – 7/2005	
IR10.4.2 Strengthened SESPAS' rectorship, through improved management and coordinating capacity between central and local levels, to institutionalize and support health reform policies and innovations.	Level of management and coordinating capacity of central SESPAS units connected with REDSALUD within the framework of health reform and decentralization, measured in terms of: <ul style="list-style-type: none"> • Governance • Leadership, Planning, and Control • Institutional Strengthening • Human Resource Management • Internal communication and coordination 		IGPcv ⁴ for Central SESPAS = 15.7%	20.7%	25.7%	30.7%	30.7%
	Number of strategies / tools developed, adopted and adapted to improve the management, regulation and coordination capacity of health and social security policies among the central level SESPAS and local levels, associated with demonstration projects, with regard to such aspects as: <ul style="list-style-type: none"> • Support Systems (information, referral and counter-referral) • Financing (targeting, resource allocation, accountability, performance-based agreements) • Human Resources Management (evaluation, incentives, contracting, registry, and control) • Quality Assurance • Surveillance and monitoring of services • Integration of vertical programs 		2	2	2	2	8
IR4.3 Improved understanding and cooperation, by central and local level political and technical health sector actors (public and private), for planning and implementing health reform effectively.	Perception of local autonomy measured by application of the decentralization index at central and local levels.		IGDes ⁷ Region V = 38% Central SESPAS = 53.6%	41% 56.3%	44% 59.6%	47% 62.6%	47% 62.6%
	Milestone Scale for Policy Reform Process		23%	50%	75%	100%	100%

⁷ Indice Global de Descentralización (Decentralization Index Score)

Annex C: Presentations, Activities and Training Events during Year 2

Technic al Area	Subject	Objective	Institution/ Participants	Place	Beneficiaries	Date
Interinstitutional Collaboration	Third Advisory Council Meeting	Presentation: REDSALUD's Annual Report, results framework, and Year 2 work plan	CERSS SESPAS USAID REDSALUD CNSS	The Embajador Hotel, Santo Domingo	15 people	11/7/01
Human Resources Training	Working breakfast: "Introduction to Flagship, Panamá."	Preparation for the Flagship course in Panamá: per diem and ticket distribution and instructions to participants	REDSALUD CNSS BID OPS BM	The Embajador Hotel, Santo Domingo	25 people	11/6/02
Human Resources Training	Management training workshop DPS La Romana	To familiarize participants with concepts, techniques and basic tools for the successful management of organizations in today's competitive environment	REDSALUD DPS La Romana INTEC	Melia Hotel, Juan Dolio Dominican Republic	30 people	November 15 and 16, 2001
Awareness	Workshop "Health Reform: Strengths, Opportunities and Challenges in the Dr. Francisco Moscoso Puello Hospital"	To support the Moscoso Puello Hospital in identifying challenges and opportunities in health sector reform	SESPAS AMD	Francisco Moscoso Puello Hospital Santo Domingo, DR	150 people	November 22-24, 2001
Human Resources Training	Workshop "Updating Expanding Immunization Program (PAI) Modules"	To qualify vaccination site personnel in relation to the "pentavalente" vaccination and update them in relation to other vaccines	REDSALUD DPS Hato Mayor	Bimi Stop Restaurant, Hato Mayor	45 people	November 19-21, 2001 November 22-24, 2001
Human Resources Training	Training workshop "Expanding Immunization Program (EPI)"	To qualify vaccination site personnel in relation to the "pentavalente" vaccination and update them in relation to other vaccines		Niagara Salon, La Romana	25 people	November 29 and 30 and December 1, 2001

Technic al Area	Subject	Objective	Institution/ Participants	Place	Beneficiaries	Date
Human Resources Training	Training course "Clinical management of a patient with diarrhea"	DPS El Seibo personnel training "Effective Management of EDAS"	REDSALUD DPS El Seibo	Fire House, El Seibo	19 people	January 8, 9, 10 and 12, 2002
IEC	Project launch "Strengthening the EPI Program"	To formally and publicly present the project; to sign management agreements	DPS Hato Mayor REDSALUD	Hato Mayor	70 people	1/23/02
IEC	Project launch "Strengthening the Vaccination Sites of PAI"	To formally present the project to the public; to sign the management agreements	DPS La Romana REDSALUD	La Romana	100 people	1/24/02
Key Players Collaboratio n	Interinstitutional meeting in El Seibo	To form inter-institutional committees to support project development	DPS El Seibo REDSALUD	El Seibo	50 people	1/29/02
Monitor and Evaluation	Meeting: The monitoring and evaluation of the demonstration projects	To follow up and monitor the advancements achieved during the period, as well as pending activities	REDSALUD DPS El Seibo DPS Hato Mayor DPS La Romana SESPAS USAID CERSS	21 de Enero Club Hato Mayor	49 people	1/31/02
Monitor and Evaluation	Management and Autonomy Interviewers Training	To train interviewers on the contents and methodology of the Management Index	REDSALUD CONSAD	REDSALUD Santo Domingo	13 people	February 5-8, 2002
IEC	Project launch "Effective Management of the EDA"	To formally present the project to the public; to sign the management agreements	DPS El Seibo REDSALUD	Faro de Hicayagua Club El Seibo	159 people	2/26/02

Technic al Area	Subject	Objective	Institution/ Participants	Place	Beneficiaries	Date
Human Resources Training	Training Workshop "Basic Management"	To equip DPS and vaccination site personnel with the necessary tools for improved management	INTEC	Playa Real Hotel Juan Dolio	30 people	March 19-21, 2002
Social Participation	Open platform with candidates representing each political party	For the political candidates to publicly present their health proposals	DPS-El Seibo	El Seibo Provincial Park	Population of El Seibo 70	3/21/02
Human Resources Training	Computer introduction Windows	To train personnel from DPS, URO, vaccination sites, and other healthcare workers in different computer programs for information systems operation	COMPUTESA	COMPUTESA La Romana	15 people	March, 2002 April, 2002
Human Resources Training	Supervision training course	To strengthen DPS and vaccination site personnel supervision and monitoring capacity	INFOTEP	La Victoria Plaza La Romana	28 people (DPS La Romana technical team and vaccination sites)	April 2-3, 2002
IEC	Seminar: Repercussions of the General Health Law and Social Security Law for Professionals in the Medical Field	To sensitize health professionals in relation to basic aspects of the law 87-01	AMD, Eastern region. DPS El Seibo.	Mormon Hall El Seibo	84 people	4/11/02
IEC	9 th International Medical Congress of the Eastern Region	To support the creation of a cooperative relationship between AMD and REDSALUD	Dominican Medical Association	Melia Hotel Juan Dolio	15 people (Region V doctors) Scholarships granted by REDSALUD	April 19-20, 2002
Human Resources Training	Social Security seminar	To communicate aspects concerning the General Health and Social Security laws	Universidad Central del Este	Universidad Central de Este San Pedro de Macoris	6 people (scholarships)	May, 2002

Technic al Area	Subject	Objective	Institution/ Participants	Place	Beneficiaries	Date
Second generation demonstration projects	Project profile presentation Patient-Centered Services Office	Pre-project proposal plan for public health sector reform and decentralization.	REDSALUD	Dr. Antonio Musa Hospital: conference room San Pedro de Macoris	30 people	5/2/02
IEC	Congress "Public Health Challenges for Social Security"	Collaborate with the dissemination of information regarding the new legal public health framework to health professionals.	ADOMER AMD AMP	Melia Hotel Juan Dolio	20 people (financed by REDSALUD)	May 3-5, 2002
Human Resources Training	Workshop: Social Security Update	Sensitize and communicate information related to the General Health and Social Security Laws	DPS La Romana REDSALUD	La Romana	50 people	5/9/02
Second generation demonstrati on projects	Patient-Centered Services Office Proposal Evaluation	Presentation on evaluation results for the proposal for the organization and commencement of the "Patient-Centered Services Office"	REDSALUD	Hospital Musa San Pedro de Macoris	30 people	6/6/02 6/27/02
Human Resources Training	Human Relations Workshop	Sensitize and promote the integration of DPS technical personnel and the doctors and infirmery assistants that work in the Oral Rehydration Units	Lic. Miguelina Pérez. (Pérez and Associates)	Salón de los Mormones El Seibo	35 people (DPS-El Seibo technical team and health personnel from hospitals, rural clinics and UNAP)	6/7/02
Human Resources Training	Workshop on Immunization and EPI's Cold Chain	Strengthen knowledge in the critical aspects of EPI, cold chain		Salón Niágara La Romana		June 12-14, 2002

Technic al Area	Subject	Objective	Institution/ Participants	Place	Beneficiaries	Date
Human Resources Training	Workshop: "Hospitals and the New Dominican Healthcare System"	Sensitization and explanation for hospital directors, department heads, provincial directors and regional director on the "Hospital Management" demonstration project design	REDSALUD team	Coral Costa Caribe Hotel, Juan Dolio	50 people (hospital directors, hospital area managers, regional and provincial directors from Region V)	June 13-14, 2002
Human Resources Training	Windows training	Training in Windows operating system	Centro de Estudios Comerciales Tomás Otto Duvergé	El Seibo	20 people	June 17 and 19, 2002
Human Resources Training	Human Resources Management Training Course	Improve knowledge and management capacity for HR administration	INTEC	El Seibo	21 people	June 19 and July 1, 2002
Human Resources Training	Workshop: Human Resources Management	Develop knowledge, attitudes and capacity for making HR management more efficient	DPS El Seibo Miguelina Pérez	El Seibo	30 people	June 20 and 21, 2002
Human Resources Training	Seminar "Optimization of Management Competency"	Management update for DPS technical team, hospital directors and UNAP doctors	INTEC	El Seibo INTEC Santo Domingo.	20 people DPS El Seibo technical team, hospitals and UNAP	June 2002 - July 2002
Second generation demonstration projects	June 27, 2002 Proposal Revision	Establish key aspects for Patient-Centered Services Office proposal revision	REDSALUD DPS DRS Hospitals	Hotel Coral Costa Caribe Juan Dolio	40 people	7/2/02

Technic al Area	Subject	Objective	Institution/ Participants	Place	Beneficiaries	Date
IEC	Workshop on the new social security law	Inform health professionals from Hato Mayor about the implementation of the Social Security Law	REDSALUD SISALRIL	Restaurant Bimi Stop Hato Mayor	150 people DPS Hato Mayor, SESPAS personnel, IDSS and the private sector.	7/4/02
Human Resources Training	Workshop: Microsoft Word Windows	Training: Windows/Microsoft Word	COMPUTESA-TGV	Hato Mayor	14 people DPS Hato Mayor	July 6 to August 3, 2002
IEC	Regional breakfast meeting: "Region V Public Health Reform"	Sensitize and motivate key Region V personnel to become agents of change for public health reform	DIDA REDSALUD DPS DRS	El Naranjo Hotel Higüey, La Altagracia	75 people	7/18/02
Human Resources Training	Follow-up on Basic Management Workshop	Gain feedback on process put into motion by the Basic Management Workshop	Miguelina Pérez	Restaurant Bimi Stop Hato Mayor	17 people	7/20/02
Human Resources Training	Working breakfast "Public Health Management Post-graduate Degree Proposal"	Present the Region V specialization course in Public Health and Social Security Services Management proposal, sponsored by REDSALUD.	REDSALUD	El Embajador Hotel, Santo Domingo	25 people UCE UNPHU PUCMM USAID UCSD OPS/OMS INTEC	7/25/02
Human Resources Training	Quality Course	Facilitate theoretical and practical tools for improving quality in patient-centered services	INFOTEP	Restaurant Bimi Stop Hato Mayor	33 people	August 8-9, 2002
IEC	Workshop: Social Security	To offer knowledge needed to implement change in the community of Miches	REDSALUD	Las Lomas Hotel Miches, El Seibo	45 Community members from Miches	August 22-23, 2002

Technic al Area	Subject	Objective	Institution/ Participants	Place	Beneficiaries	Date
IEC	Workshop: Health Professional Social Security Law Repercussions	Sensitize healthcare professionals on basic aspects of the social security law	REDSALUD INSALUD	Restaurant Bimi Stop Hato Mayor	80 people	8/29/02
IEC	Workshop: "Nursing/Family Medicine Primary Care Impact" (SODOMEFA)	Inform infirmity personnel, and general and family doctors in the legal context of healthcare for patients under the new SDSS	REDSALUD SODOMEFA	Universidad Católica de Santo Domingo	150 people	8/30/02
IEC	Workshop: "Perspective on REDSALUD's Technical Cooperation with SESPAS in the area of Primary Care"	To report information on REDSALUD's progress to Public Health Ministry counterparts	REDSALUD SESPAS CERSS	Hotel Iberostar Hacienda, Bayahibe	50 people	September 6-7, 2002
Human Resources Training	Workshop: "Temporary Licensure Process"	Train technicians for licensure process	Licensure and Accreditation Office	Howard Johnson Hotel, San Pedro de Macoris	40 people	9/11/02
Second generation demonstration projects	Presentation: Public Health and Social Security Management Post-graduate Terms	To motivate universities to participate in the bidding for the development of a graduate program in general health.	REDSALUD Universities	El Embajador Hotel, Santo Domingo	35 people	9/13/02
IEC	Disaster Preparation Workshop	Directed toward the doctors, nurses, supervisors and promoters of the URO.	DPS El Seibo	El Seibo	50 people	9/13/02

ANNEX D: Consultants to REDSALUD and Training Trips Abroad: October 2001-September 2002

Name	Objective	Date	Institution
Eusebio Garrido	Participation in the Flagship Course, Panamá	Nov. 7-17, 2001	SESPAS
Juan R. De los Santos	Participation in the Flagship Course, Panamá	Nov. 7-17, 2001	DPS San Pedro de Macorís
Silvio Thomas	Participation in the Flagship Course, Panamá	Nov. 7-17, 2001	Dr. Antonio Musa Hospital
Aquiles Rodríguez Salcedo	Participation in the Flagship Course, Panamá	Nov. 7-17, 2001	COPERDOM
Josefina Altagracia Espinal	Management and Autonomy Index	Feb. 5 - March 25, 2002	REDSALUD (Consultant)
Luisa Jorge	Management and Autonomy Index	Feb. 5 - March 25, 2002	REDSALUD (Consultant)
Mercedes Beltré	Management and Autonomy Index	Feb. 5 - March 25, 2002	REDSALUD (Consultant)
Tomiris Valerio	Management and Autonomy Index	Feb. 5 - March 25, 2002	REDSALUD (Consultant)
Juan Báez	Management and Autonomy Index	Feb. 5 - March 25, 2002	REDSALUD (Consultant)
Edgar Gonzáles	Review and analysis of the Dominican Health System and Social Security framework to identify the structural regulations and operations, norms and procedures necessary to initiate The Superintendent of Health and Labor Risks	Feb. 4 – April 30, 2002	REDSALUD (Consultant)
Álvaro López	Analyze and revise the existing regulations framework (general health and social security) concerning the content, conditions, limitations, funding exclusions of the basic plan of benefits	March 10 – June 10, 2002	REDSALUD (Consultant)
Juan Carlos Fernández	Participation in the workshop, "Creating & Using National Health Accounts for Health Finance Reform"	March 12-22, 2002	Banco Central
Michele Teitelbaum y Alexander Telyukov	Situational analysis of central SESPAS's capacity for the institutional transition of the legal framework	February 10 – 23, 2002	REDSALUD (Consultant)
Jorge Blanco	Technical assistance in designing the graduate program in Health Management	July 14 – 27, 2002	REDSALUD (Consultant)
José Rivas	Design and development of software for "Registro Individual de Vacunas" (RIV) "Individual Vaccination Registry"	April 22, 2002 - present	REDSALUD (Consultant)
Cristian Paulino	Web page design for REDSALUD	September 17, 2002 – present	REDSALUD (Consultant)
CONSAD	Create the baseline for the Management and Autonomy Index in Region V and SESPAS Central	December 21, 2001 – April 13, 2002	REDSALUD (Consultant)
CONSAD	Completion of User Satisfaction Survey in	April – August,	REDSALUD

Name	Objective	Date	Institution
	Region V	2002	(Consultant)
Cesar Peña	Readjustment of the proposals for Patient-Centered Service Office demonstration projects	July 10 – August 30, 2002	REDSALUD (Consultant)
Alfredo Luis Rueda	Review and analyze the current legal framework. Identify framework's critical aspects relevant to establishing a family health plan that includes operational implications. Prepare a draft of regulations consistent with the legal requisites and the current healthcare and social security condition in the DR.	March 17 – May 31, 2002	REDSALUD (Consultant)

ANNEX E Field Visits Completed by REDSALUD during the final quarter of Year 2

Date	Purpose	Place
July 1, 2002	Meeting with the DPS team. Meeting with the director of the surgery department from the Antonio Musa Hospital. Visit to the Ingenio Quisqueya Hospital.	San Pedro de Macoris
July 4-5, 2002	Participation in the second module of the management seminar in El Seibo with the subject, "Leadership and Organizational Synergy"	El Seibo
July 4, 2002	Workshop: Updating on the Social Security Law	Hato Mayor
July 9, 2002	Visit to the Jaime Mota Hospital	Barahona
July 11, 2002	Meeting with the DPS of Hato Mayor	Hato Mayor
July 11, 2002	Meeting with DPS facilitators	La Romana
July 12, 2002	Participation in the third module of the management seminar. Subject: Basic Management Elements	El Seibo
July 16, 2002	Interchange with the DPS of El Seibo and La Romana, concerning their participation and support of REDSALUD's new projects, which would finance REDSALUD. In the AMD La Romana	La Romana
July 16, 2002	Support in making the budget for the Patient-Centered Services Office proposal	Los Llanos
July 17, 2002	Preparation for the first meeting between the DPS and the support group coordinators.	La Romana
July 17, 2002	Visit the site where the regional breakfast meeting will take place in Higüey	Higüey
July 17, 2002	Interviews with legislature candidates from region V to promote their participation in the seminar for region V legislators.	San Pedro de Macoris
July 18, 2002	Regional Breakfast: Political candidates and the DPS "Facing the Reform Process"	Higüey
July 19, 2002	Follow up meeting on the activities accomplished during the quarter for the EDA project Participation in the basic management follow-up workshop with the team from Hato Mayor.	El Seibo and Hato Mayor
July 19, 2002	Follow up on the basic management workshop.	Hato Mayor
July 22, 2002	Meeting at the Pontificia Universidad Católica Madre y Maestra	Santiago
July 23, 2002	Participation for the Public Healthcare Providers in El Seibo Presentation	El Seibo
July 23, 2002	Visit to the MUSA Hospital and the UCE University	San Pedro de Macoris
July 24, 2002	Support in preparing the quarterly financial report	Hato Mayor
July 24,	Follow up on project activities: Strengthening the Patient-Centered	La Romana

Date	Purpose	Place
2002	Services Office Vaccination Sites.	
July 25 - 26, 2002	Participation in the 4 th Module of the Management Seminar Subject: "Basic Management Elements"	El Seibo
July 25, 2002	Consultant support in Antonio Musa Hospital proposal adjustments	San Pedro de Macoris
July 29, 2002	Workshop with the electoral candidates of Region V	La Romana
July 30, 2002	Proposal preparation	Los Llanos
July 31, 2002	Meeting with facilitators from INFOTEP	Hato Mayor
August 2, 2002	Meeting with the technical team from the DPS	La Romana
August 21, 2002	Patient-Centered Services Office in the Dr. Musa Hospital and Hato Mayor	Hato Mayor
August 22, 2002	Patient-Centered Services Office in the Dr. Musa Hospital and Hato Mayor	San Pedro de Macoris Y Hato Mayor
August 22 - 23, 2002	Social Security Course (Discuss Social Security Law contents with the Health personnel and the community)	Miches
August 23, 2002	Visit to Patient-Centered Services Office	La Romana
August 28, 2002	Support in the preparation of the management agreement signing activity and the project presentation activity scheduled for September 6 th and 7 th with SESPAS	La Romana
August 28, 2002	Meeting with the team that formulated the Patient-Centered Services Office proposal	San Pedro de Macoris
August 29, 2002	Evaluation of the new ORUs that had been installed. Meeting with the provincial team for monthly programming.	El Seibo
August 29, 2002	Social Security Law presentation for the health office, laboratory, pharmacy and dental personnel.	Hato Mayor
August 31 – September 1, 2002	Development of the final training module for management team capability optimization. Subject "Institutional Communication."	El Seibo
September 3, 2002	Technical teams revises the articles in the informational bulletin. Revise project presentation for the activity scheduled for September 6 th and 7 th . Logistical coordination for the contract agreement signing.	La Romana
September 4, 2002	Meeting: Presentation to discuss proposal revisions	El Seibo
September 7, 2002	The Los Mulos community support groups sign management performance agreements	La Romana
September 6-7, 2002	Workshop: "REDSALUD's Perspective on Technical Cooperation in the context of Primary Health Care."	La Romana
September	Meeting Licensure.	San Pedro de

Date	Purpose	Place
11, 2002		Macoris
September 13, 2002	Meeting: Results framework revision and training for support groups from Los Mulos.	La Romana
September 17 - 18, 2002	Workshop: "Performance of RRHH CERS, SESPAS, OPS, REDSALUD, PROSISA"	Juan Dolio
September 19, 2002	Meeting: Group training materials	San Pedro de Macoris, Miches Y Hato Mayor
September 19, 2002	Result framework achievements revision in preparation for the Annual Report	Hato Mayor
September 20, 2002	Results framework revision, training for support groups from Los Mulos and mini-workshop on the subject of coverage.	La Romana
	Follow-up on the Hospital Management proposals for the presentation of results and initiation of the proposal adjustment process	Higüey
September 20, 2002	Meeting with the proposal teams for projects from the Patient-Centered Services Office	San Pedro de Macoris
September 20, 2002	Participate in SISALRIL workshop	La Romana
September 23, 2002	Presentation for province providers: Hospital Management Project proposal evaluation results	San Pedro de Macoris
September 25, 2002	Conference promoting social participation in the health sector for AMD members	El Seibo
September 26, 2002	Quarterly report finalization, preparation and delivery of result framework data for the first year of the EDA project, preparation of the monthly work plan	El Seibo
September 26-27, 2002	EPI workshop	Juan Dolio
September 27, 2002	Nuestra Sra. De La Altagracia Hospital and San Rafael de Yuma Hospital – Budget revision: Patient-Centered Services Office	Higüey San Rafael de Yuma

ANNEX F

Sub-Result 10.4.3 Improved health policy environment for reforms

Indicator: Milestone scale of policy reform process

This indicator uses a 100-point index to provide a qualitative measure of overall progress in establishing the new legal and regulatory framework for health and social security reform in the Dominican Republic. The index will track the achievement of milestones in the development and implementation of the new reform framework. Each group of health reform policy milestones, described as “steps” below, will be rated in terms of potential and realized impact in the Dominican health sector. Steps, although listed in a sequential fashion, will in practice be implemented simultaneously during the period for which the USAID strategy is valid. The points given reflect the relative significance and incremental contribution of each step in achieving desired reform outcomes. Partial points can be granted.

Health Reform Outcomes	Year	Planned	FY01 (Baseline)	FY 02
Step 1. Establish and operate National Health Council and National Social Security Council in terms of development of internal regulations, decision making, participation, and integration	2001-2002	10	0	10 = 100%
Step 2. Establish, organize and operate Treasury for Social Security and PRISS in terms of member identification, information flow, prime collection, payment of per capita allocations, monitoring and control, and overall compliance.	2002-2003	30	0	5 = 40%
Step 3. Establish, organize and operate the Superintendent's Office for Health and Labor Risk and DIDA in terms of licensing, operation and control of ARS; definition, oversight, and revisions of the Basic Package of Care; and information, representation, and defense of members.	2002-2004	40	0	5 = 50%
Step 4. Reorganize and deconcentrate the Ministry of Health (SESPAS) in terms of national health authority, regulation, and provision of public health services.	2002-2005	50	0	3 = 30%
Step 5. Initiate process of decentralization and separation of SESPAS service provision function, with the establishment of independent, public provider networks.	2003-2005	60		
Step 6. Design and implement organization and full implementation of public service provider networks, in terms of overall institutional development (infrastructure, governance, management and support processes, quality assurance, etc.)	2004-2007	80		
Step 7. Organize and operate the National Health Insurance	2003-2006	90		
Step 8. Organize and initiate implementation of subsidized and contributive-subsidized insurance regimes.	2005-2007	100		
SUBTOTAL			0	23

Note: Baseline for this indicator at FY01 was “0” since implementation of the new legal framework and ensuing reform process had not begun. At the FY02 follow up we observe that Step 1 has been fully achieved; Steps 2 - 4 are partially achieved. Partial scores assigned result from a REDSALUD team assessment of progress.